

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90070 030 ****61.25

DOCUMENT # 715458

1. Entity Name

FIRST BAPTIST CHURCH OF BALDWIN, FLORIDA, INC.

Principal Place of Business

Mailing Address

97 CENTER STREET, SOUTH
BALDWIN FL 32234

97 CENTER STREET, SOUTH
BALDWIN FL 32234

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1762281

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, VERNON
17409 BRANDY BRANCH RD
BALDWIN FL 32234

(delete)

Name *Joe Hagan, Chairman*

Street Address (P.O. Box Number is Not Acceptable)

12021 W. Beaver Street

City *Jacksonville* FL Zip Code *32220*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Joe Hagan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-20-02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. ~~BOARD MEMBERS~~ OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	HORTON, RON	
STREET ADDRESS	RT 1, BOX 446	
CITY-ST-ZIP	BRYCEVILLE FL 32009	
TITLE	T	<input type="checkbox"/> Delete
NAME	WIGGINS, MIKE	
STREET ADDRESS	16524 VILLAGE GREEN DRIVE SOUTH	
CITY-ST-ZIP	BALDWIN FL 32234	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BAKER, AARON	
STREET ADDRESS	2517 SUMMERFIELD LANE	
CITY-ST-ZIP	BALDWIN FL 32234	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WALLER, BILL	
STREET ADDRESS	POST OFFICE BOX 208	
CITY-ST-ZIP	BRYCEVILLE, FL 32009	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOYD, ROGER	
STREET ADDRESS	475 W 3RD ST	
CITY-ST-ZIP	BALDWIN FL 32234	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAGAN, JOE	
STREET ADDRESS	12021 W BEAVER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32220	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carl Craft	
STREET ADDRESS	448 Pleasant Pine Drive	
CITY-ST-ZIP	Jacksonville, FL 32220	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wendell Bryan	
STREET ADDRESS	P.O. Box 25	
CITY-ST-ZIP	Baldwin, FL 32234	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bart Riddle	
STREET ADDRESS	14470-1 Normandy Blvd.	
CITY-ST-ZIP	Jacksonville, FL 32234	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joe Hagan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02
 Date

Daytime Phone #

CR2E037 (9/01)